# Community Resiliency Program (CRP) Application

Program Goal:
The matching grant program is designed to support local nonprofit led initiatives that promote economic development and foster resiliency and strengthen Astoria's capacity to respond to future challenges. Award amounts will not exceed $20,000.

## Section 1: Applicant Information

| **Applicant/Organization Name** | **Primary Contact Person** |
|---|---|
| | |

**Mailing Address**

| |
|---|
| |

| **Phone Number** | **Email Address** |
|---|---|
| | |

**Federal Tax ID (EIN):** _____

## Section 2: Project Information

**Project Title:**

| |
|---|
| |

**Project Address/Location:**

| |
|---|
| |

**Project Category (check one):**

- ☐ Nonprofit System Development Charge (SDC) Support
- ☐ Economic Development Program Development
- ☐ Community Resiliency Project

**Total Project Cost:** _____

**Total Funding being Requested:** _____

**Amount of Match (Cash/In-Kind):** $_____

**Describe the source(s) of your required 1:1 match. Indicate whether the match is cash contributions, in-kind services, donated materials, or volunteer time.**

| Matching Source | Amount |
|---|---|
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**Project Timeline (Start–End):** _____

## Section 3: Project Narrative

**Project Summary – Provide a concise description of the project, its goals, and intended outcomes.**

**Community Need – Describe the specific community challenge or opportunity your project addresses.**

**Community Impact – Explain who will benefit from the project and how many people are expected to be served. Highlight economic, social, or resiliency benefits.**

**Organizational Capacity – Describe your organization's experience and capacity to successfully complete this project.**

## Section 5 – Project Readiness

**Current Stage of Project (Concept, Pre-development, Permit-ready, Construction-ready):**

| Anticipated Milestones | Timeline |
|---|---|
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## Section 6: Evaluation & Reporting

**How will you measure success (outputs and outcomes)?**

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**What methods will you use to track and report progress (e.g., surveys, financial reports, participation data)?**

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## Attachments Checklist

- IRS 501(c)(3) Determination Letter (or equivalent nonprofit status documentation)
- Proof of Match Commitment(s) (letters, agreements, or documentation)
- Detailed Project Budget
- Letters of Support (optional but encouraged)

## Certification

I/we certify that the information contained in this application is true and correct to the best of my/our knowledge and agree to comply with the requirements of the Housing Improvement Program.

**Signature:** _____
**Name/Title:** _____
**Date:** _____